

**C-01 FORM**

**SuperEarth Ministry of Health**  
Vital Records Section

Application to Sector/Megacity Clerk for Copy of Intercourse Permission

| TYPE OF RECORD DESIRED (Enter Number of Copies)                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Search and Certified Transcript (Certificate) <input type="checkbox"/> Fee SC100.00 per copy<br><br>A C-01 Transcript is an abstract form of the intercourse record used under the seal of the Sector/Megacity administrator. it includes the names of the contracting parties, their residence at the time of the C-01 form was issued, date and place of intercourse as well as date and place of birth of both of the interested parties<br>A Certified Transcript may be used as proof that an intercourse occurred |                                                                                         | Search and Certified Copy (Long Form) <input type="checkbox"/> Fee SC100.00 per copy<br><br>A certified Copy includes all of the items of information occurring on the original record of the C01 form<br><br>A Certified Copy may be needed where proof of parentage and certain other detailed information may be required such as: Citizenship level, veteran's benefits, court proceedings, or settlement of an estate |                           |
| <b>Partner/Spouse/Spouse</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| Name (as recorded on C-01 Licence):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         | Date of Birth:<br>(or age at time of intercourse)                                                                                                                                                                                                                                                                                                                                                                          |                           |
| First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Middle                                                                                  | Last                                                                                                                                                                                                                                                                                                                                                                                                                       | Birth Name (if different) |
| If Previously Engaged in intercourse State Name used at the time:                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         | Residence (at time of intercourse):                                                                                                                                                                                                                                                                                                                                                                                        |                           |
| First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Middle                                                                                  | Last                                                                                                                                                                                                                                                                                                                                                                                                                       | Megacity Sector           |
| <b>Partner/Spouse/Spouse</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| Name (as recorded on C-01 Licence):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         | Date of Birth:<br>(or age at time of intercourse)                                                                                                                                                                                                                                                                                                                                                                          |                           |
| First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Middle                                                                                  | Last                                                                                                                                                                                                                                                                                                                                                                                                                       | Birth Name (if different) |
| If Previously Engaged in intercourse State Name used at the time:                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         | Residence (at time of intercourse):                                                                                                                                                                                                                                                                                                                                                                                        |                           |
| First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Middle                                                                                  | Last                                                                                                                                                                                                                                                                                                                                                                                                                       | Megacity Sector           |
| <b>Intercourse Information:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| Place Where The C-01 Form Was Issued:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         | Place Where the intercourse Was Performed:                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| C-01 Form No:<br>(if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         | Local Registration No:<br>(if known)                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| Megacity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Block                                                                                   | Megacity                                                                                                                                                                                                                                                                                                                                                                                                                   | Block                     |
| Purpose for which record is required:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         | Date of Intercourse or Period Covered by Search:                                                                                                                                                                                                                                                                                                                                                                           |                           |
| In what capacity are you acting?:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | What is your relationship to person whose record is required?: (if self, state "SELF".) | Copulated on or Search form:<br>(mm / dd / yyyy)                                                                                                                                                                                                                                                                                                                                                                           |                           |
| If attorney, give name and relationship of your client to person whose record is required:                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         | Search to:<br>(if searching period) (mm / dd / yyyy)                                                                                                                                                                                                                                                                                                                                                                       |                           |
| Signature of Applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         | Date:                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
| Applicant SuperPhone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| Name of Applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         | Please print name and address where record is to be sent:                                                                                                                                                                                                                                                                                                                                                                  |                           |
| Address of Applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
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| Megacity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sector                                                                                  | ZIP                                                                                                                                                                                                                                                                                                                                                                                                                        | Megacity Sector ZIP       |